

# Exhibit 13

1 I, Dr. Hillary Kunins, declare as follows:

2 1. I am a resident of the State of California. I have personal knowledge of the facts set  
3 forth in this declaration and, if called as a witness, could and would testify competently to the matters  
4 set forth below.

5 2. I am the Director of Behavioral Health Services and Mental Health SF at the San  
6 Francisco Department of Public Health (SFPDH). In that role, I oversee the City's efforts to provide  
7 effective substance use and mental health care and promote behavioral health and wellness among all  
8 San Franciscans.

9 3. SFPDH Behavioral Health Services operates a network of clinics that offers a wide  
10 range of mental health and substance use services to San Franciscans with low incomes, are uninsured,  
11 and/or qualify for Medicaid, regardless of their citizenship or immigration status.

12 4. To do this work, SFPDH Behavioral Health Services relies heavily on U.S. Department  
13 of Health and Human Services, Substance Abuse and Mental Health Services Administration  
14 (SAMHSA) funding to provide mental health and substance abuse treatment and related services. This  
15 funding includes the Community Mental Health Services Block Grant (MHBG), Substance Use  
16 Prevention, Treatment, and Recovery Services Block Grant (SUBG), and the Building City-Wide  
17 Capacity for Community and Traditional First Responders in Overdose Response grant (First  
18 Responders Grant).

19 5. San Francisco is a subrecipient of MHBG and SUBG funding through the California  
20 Department of Health Care Services. The MHBG supports comprehensive community mental health  
21 services to adults with a serious mental illness and to children with a serious emotional disturbance.  
22 The SUBG supports substance use disorder prevention, treatment, and recovery support services.

23 6. In San Francisco, MHBG funds are combined with local funds to operate SFPDH's  
24 Behavioral Health Access Center (BHAC), a drop-in center and central access point that helps people  
25 learn about and connect to different types of mental health and substance use services. The screening  
26 and referral services are critical to connect this vulnerable population with care and treatment they  
27 need.  
28

1           7.       BHAC staff do not verify citizenship or immigration status of those who come into  
2 BHAC looking for help. Connecting everyone struggling with mental illness and substance use to the  
3 appropriate care is important to the well-being and safety of the larger San Francisco community.  
4 Prevention and early intervention will avoid more severe mental health and substance use crises that  
5 burden San Francisco's health and emergency response systems. Those coming to BHAC presenting  
6 more severe symptoms or experiencing more urgent crises can be referred to crisis hotlines and  
7 emergency assistance.

8           8.       Requiring citizenship or immigration status verification of any kind will create a barrier  
9 to access and engagement in particular with the immigrant community, including mixed status  
10 families. More broadly, it is unrealistic for anyone seeking care regarding their mental health or  
11 substance use—including citizens and immigrants with lawful status—to always have the necessary  
12 documents to establish their citizenship or immigration status. Asking these individuals to return with  
13 additional or different documentation at this first point of contact risks their not returning for help, and  
14 turning away individuals in distress can be dangerous for them and those around them.

15           9.       MHBG also funds the Behavioral Health Access Line (BHAL), which screens for  
16 acuity risks, links callers and clients to appropriate services, and responds to emergency and crisis  
17 calls on a 24/7 basis. Providing the community with a hotline is important to increase access to mental  
18 health care, as visiting the BHAC is not always feasible. The BHAL routinely serves citizens and  
19 immigrants with lawful status, but it is unclear how citizenship or immigration status verification  
20 would take place over the phone.

21           10.      In addition to the BHAC, SFPD directly provides MHBG-funded behavioral health  
22 services through the Family Mosaic Project (FMP), a behavioral health clinic that provides treatment  
23 and care coordination to children and youth with serious emotional problems. The FMP employs a  
24 wraparound model, using a family-drive model of care to work with families in an effort to avoid out-  
25 of-home placement or a higher level of care. The Family Mosaic Project serves patients regardless of  
26 insurance status, and is therefore a critical resource for low-income families.

27           11.      MHBG funds are also used to employ SFPD clinicians and other professionals  
28 located at various neighborhood clinics throughout San Francisco. These clinics are part of SFPD's

1 six Systems of Care, which aim to provide integrated care across medical practices and to various  
2 target populations. These clinicians, including psychiatrists, and other professionals deliver mental  
3 health treatment and other services to predominantly low-income San Franciscans, including patients  
4 who are homeless.

5 12. SFDPH clinics, including the Family Mosaic Project, do not verify citizenship or  
6 immigration status of patients or their families. Early intervention and consistent follow up care is  
7 critical to avoid mental health deterioration and alleviate the need for emergency treatment and other  
8 costs to San Francisco, such as when community members spiral into more severe mental health crises  
9 and potentially face the loss of employment and housing, adding pressure to already-strained social  
10 safety nets.

11 13. The First Responder Grant is used to train first responders to treat those experiencing  
12 an overdose, an unfortunate reality of the ongoing opioid epidemic in San Francisco.

13 14. Imposing a citizenship or immigration status verification requirement on this grant  
14 makes little sense. While this grant specifically funds training programs for first responders, the  
15 purpose of the grant is to improve San Francisco's ability to serve individuals who are in immediate  
16 substance abuse-related medical crises. There is no reason to—and indeed, no practical ability to—  
17 verify citizenship or immigration status prior to providing critical emergency services. Requiring this  
18 type of verification would therefore go against the entire purpose of the grant.

19 15. Finally, requiring SFDPH Behavioral Health Services staff to verify citizenship or  
20 immigration status will impose a time and resource burden on the agency. Our staff has no experience  
21 in this regard, and imposing such a requirement will require extensive training. Such a requirement  
22 will also require the agency to expend time and resources to educate the public about what they must  
23 do in order to obtain care.

24 I declare under penalty of perjury that the foregoing is true and correct and that this declaration  
25 was executed on July 18, 2025 at San Francisco, California.

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27   
28 HILLARY KUNINS